



# REPRESENTATION PETITION

Is this an amended petition? ☐ Yes ☒ No If yes, enter the case number: \_\_\_\_\_**PARTIES** Include information for all parties involved.

**EMPLOYER** Valley Medical Center  
Contact Katina Maier  
Title Chief Human Resource Office  
Address 400 S 43rd St  
City, State, ZIP Renton, WA 98055  
Telephone 206-295-5662 Ext. \_\_\_\_\_  
Email katina\_maier@valleymed.org

**PETITIONER** SEIU Healthcare 1199NW  
Contact Olga Chavarria  
Title Lead Organizer  
Address 15 S Grady Way, Suite 200  
City, State, ZIP Renton, WA 98057  
Telephone 425-919-8829 Ext. \_\_\_\_\_  
Email olgac@seiu1199nw.org

**CURRENT BARGAINING REPRESENTATIVE**

If one exists \_\_\_\_\_  
Contact \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_  
Telephone \_\_\_\_\_ Ext. \_\_\_\_\_  
Email \_\_\_\_\_

**TYPE OF REQUEST** Select ONE of the following.

- ☒ **RECOGNITION** to be certified as the representative of employees currently unrepresented.
- ☐ **INCLUSION OF UNREPRESENTED EMPLOYEES** to have a group of employees added to an existing bargaining unit as described in WAC 391-25-440.
- ☐ **CHANGE OF REPRESENTATIVE** to be certified as the representative of employees currently represented by another organization.
- ☐ **DECERTIFICATION** to no longer be represented by the current organization.
- ☐ **EMPLOYER PETITION** a determination by the commission according to WAC 391-25-090.

**BARGAINING UNIT**

Department or Division Professional & Technical  
Number of Employees in Bargaining Unit 60 & 210  
Describe the existing or proposed bargaining unit:


Please see attached addendum.

**Collective Bargaining Agreement (CBA):**  
If one exists, the bargaining unit's most recent collective bargaining agreement must be filed with this petition.  
**CBA Expiration Date** \_\_\_\_\_

**SHOWING OF INTEREST** The showing of interest cards are confidential and are filed ONLY with PERC.

The petition must be filed with a showing of interest indicating support of at least 30 percent of the employees in the bargaining unit. Showing of interest cards may be submitted electronically, provided the copy is legible.

**AUTHORIZED CONTACT FOR PETITIONER**

Name	<u>Olga Chavarria</u>	Title	<u>Lead Organizer</u>
Address	<u>15 S Grady Way, Suite 200</u>	City, State, ZIP	<u>Renton, WA 98057</u>
Telephone	<u>425-919-8829</u> Ext. _____	Email	<u>olgac@seiu1199nw.org</u>
Signature	<u></u>	Date	<u>11-14-22</u>

**Addendum to Representation Petition**  
**Valley Medical Center – Professional Unit and Technical Unit**

**Employer information:**

Valley Medical Center  
Katina Maier  
Chief Human Resource Office  
400 S 43rd St  
Renton, WA 98055  
206-295-5662  
katina\_maier@valleymed.org

**Number of employees in each bargaining unit:**

- Professional - 60
- Technical - 210

**Description of representation petition:**

Petitioner is seeking to be the exclusive bargaining representative for the Professional and Technical bargaining units at Valley Medical Center.

**Included:** Full time, part time and on-call/per diem of the following jobs in the following units

- **Professional Unit:** Pharmacist, Pharmacist - Clinical, Pharmacist - Retail
- **Technical Unit:** CT Technologist, CV Technologist, Electrophysiology Tech, Interventional Radiology Tech I, Interventional Radiology Tech II, IR Tech, Mammo Technologist - ARRT, Medical Lab Technician, Medical Lab Technologist, Medical Technologist, Medical Technologist Coord, MRI Tech, MRI-ARRT, MRI-ARRT MR, Neuro Tech, Nuc Med Tech, Nuclear Med Tech, PET Technologist, Rad Technologist, Rad Technologist - ARRT, Respiratory Therapist, Respiratory Therapist II, Sleep Tech, Sonographer, Surgical Tech Certified, Surgical Technician, Surgical Technologist, Ultrasound Tech, Ultrasound Tech - ARDMS, Ultrasound Tech - Reg Elig

**Excluded:** All other employees, managers, supervisors and confidential employees

**BEFORE THE PUBLIC EMPLOYMENT RELATIONS COMMISSION  
STATE OF WASHINGTON**

SEIU Healthcare 1199NW

Petitioner/Complainant/Filing Party

v.

Valley Medical Center

Respondent/Responding Party

Case Number

**CERTIFICATE OF SERVICE**

I certify that I served a copy of this *(title of document)*  
on all parties or their counsel of record on

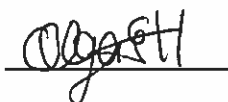
PERC Representation Petition

Nov 14, 2022

<b>To:</b>	<b>Name</b>	Katina Maier		
	<b>Organization</b>	Valley Medical Center	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	<b>Address</b>	400 S 43rd St	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	<b>City, State, ZIP</b>	Renton, WA 98055	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	<b>Email</b>	katina_maier@valleymed.org		
	<b>Fax</b>			
	<b>Name</b>	Filing @ PERC		
	<b>Organization</b>	PERC	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	<b>Address</b>	112 Henry St NE, Suite 300	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	<b>City, State, ZIP</b>	Olympia, WA 98504	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	<b>Email</b>	filing @ perc.wa.gov		
	<b>Fax</b>	360-570-7334		
	<b>Name</b>			
	<b>Organization</b>		<input type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	<b>Address</b>		<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	<b>City, State, ZIP</b>		<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	<b>Email</b>			
	<b>Fax</b>			

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Date signed and submitted



Print Name

Olga Chavarria

Signature

11/14/22



PRIORITY MAIL

PRIORITY MAIL  
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\*\* See International Mail Manual at <http://pe.usps.com> for details.

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**FROM:** Olga Chavarria  
SEIU Healthcare 1199NW  
15 S. Grady Way  
Suite 200  
Renton, WA 98057

STATE

TO:

PERC  
112 Henry St NE  
Olympia, WA 98506